

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

	IND.		DEF.		IND.		DEF.		IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.

BEST AVAILABLE COPY